## Rochester Community Concert Band Student Scholarship Application - 2026

Name			
(First)	(Last)		
Address			
City	_ State	Zip	
Phone: Email	:		
School Name:			
Grade: Date of Birth:			
Instrument:			
Performance Piece Title:			
Composer:			
Accompanist Name (if applicable):			
I certify that the submitted audio/video performance is of me and that no alterations or enhancements were made to the audio or video. Editing was limited to setting start and stop time of the recording.			
Student Signature:			Date
I authorize the Rochester Community Concert Band to use the applicant's name and image on the RCCB website, in its concert programs and in future promotional materials relating to the Student Scholarship program. I understand that first-place recipients may be invited to perform at the RCCB May 5, 2026 concert. All other award recipients are requested to attend the May 5 <sup>th</sup> concert to be recognized for their achievements.			
Student Signature Parent Signature (R	equired if stude	nt is under 18)	Date
I verify that the student noted above is currently a mprogram.	ember of the sc	hool instrumental band	d
School Band Director's Name:			
School Band Director's Signature:		Date:	